## (08000) 103207

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EXAMINER

## **COVER LETTER**

Division of Corporations			
SUBJECT: CUSTOMIZED WORLD LLC (Name of Limited Liability C	Company)	_	
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitte	ed for	
Please return all correspondence concerning this matter to	o:		
JOSEPH MADALON			
(Contact Person)			
THE MADALON LAW FIRM			
(Firm/Company)			
1119 B SOUTH 21ST AVENUE			
(Address)	— ТА	20 S	
HOLLYWOOD, FL 33020		ECR	1
(City/State and Zip Code)	— — — — — — — — — — — — — — — — — — —	N I	Contraction of the Contraction o
For further information concerning this matter, please cal	ll:		r.L.
AMIHI BLASHKOVSKY at ( 917	945-0095	SECRETARY OF STATE	
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)	Dm +	
Enclosed please find a check made payable to the Florida  \$25 Filing Fee	Department of State for:  \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it apports of State is: CUSTOMIZED WORLD LLC	
2. This limited liability company was organized under FLORIDA	er the laws of:
3. The Florida document/registration number of this L08000103207	limited liability company is: 700 NOV
4. I, JOSEPH MADALON	hereby resign as a MGRM and Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited resignation in writing.	ited liability company has been notified of my
Signature of Resigning Member, Managing Member	er or Manager
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)